

EXHIBIT A
WEST HARRIS COUNTY REGIONAL WATER AUTHORITY
Pumpage/Surface Water and Billing Form

Name of Well Owner or Recipient of Surface Water: _____
 Identify: Well #1: _____; Well #2: _____; Well #3: _____; Well #4: _____
 Identify: Meter #1: _____; Meter #2: _____; Meter #3: _____; Meter #4: _____

Check the billing period for which this report is being filed

	Billing Period	Rate	Due Date
<input type="checkbox"/>	January 1-31, 20	\$2.95 pumpage/ \$3.35 surface	March 15, 20
<input type="checkbox"/>	February 1-28/29, 20	\$2.95 pumpage/ \$3.35 surface	April 15, 20
<input type="checkbox"/>	March 1-31, 20	\$2.95 pumpage/ \$3.35 surface	May 15, 20
<input type="checkbox"/>	April 1-30, 20	\$2.95 pumpage/ \$3.35 surface	June 15, 20
<input type="checkbox"/>	May 1-31, 20	\$2.95 pumpage/ \$3.35 surface	July 15, 20
<input type="checkbox"/>	June 1-30, 20	\$2.95 pumpage/ \$3.35 surface	August 15, 20
<input type="checkbox"/>	July 1-31, 20	\$2.95 pumpage/ \$3.35 surface	September 15, 20
<input type="checkbox"/>	August 1-31, 20	\$2.95 pumpage/ \$3.35 surface	October 15, 20
<input type="checkbox"/>	September 1-30, 20	\$2.95 pumpage/ \$3.35 surface	November 15, 20
<input type="checkbox"/>	October 1-31, 20	\$2.95 pumpage/ \$3.35 surface	December 15, 20
<input type="checkbox"/>	November 1-30, 20	\$2.95 pumpage/ \$3.35 surface	January 15, 20
<input type="checkbox"/>	December 1-31, 20	\$2.95 pumpage/ \$3.35 surface	February 15, 20

Gallons of Water Pumped for Billing Period

	Start Meter Reading	End Meter Reading	Total
Well #1			
Well #2			
Well #3			
Well #4			
For additional wells, attach a second reporting form and put total from all wells below.			
ALL			

Gallons of Surface Water Received for Billing Period

	Start Meter Reading	End Meter Reading	Total
Meter #1			
Meter #2			
Meter #3			
Meter #4			
For additional meters, attach a second reporting form and put total from all meters below.			
ALL			

1	Enter total gallons of water pumped	
2	Divide by 1,000	
3	Total pumpage fee due (multiply line 2 x 2.95)	
4	Enter total gallons of surface water received	
5	Divide by 1,000	
6	Total surface water fee due (multiply line 5 x 3.35)	
7	LESS APPLICABLE CREDIT DUE FROM CAPITAL CONTRIBUTION OR AGREEMENT FOR ALTERNATIVE WATER SUPPLY USE	
8	Total due (add lines 3, 6, and 7)	

I declare that the above information is true and correct to the best of my knowledge and belief.

Dated: _____

By: _____

Name: _____

Title: _____

If payment is received late, the Authority will send you an invoice for the late penalties and interest set forth in the Authority's Amended Rate Order. Make check payable to: West Harris County Regional Water Authority; c/o Mary Jarmon; Myrtle Cruz, Inc., 3401 Louisiana Street, Suite 400, Houston, Texas 77002-9552. **(Rates effective 1/1/2019)**